

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-041521

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10003

FILED OCT 17 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **Lutheran Hospital**Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY
OR
TOWN

St. Louis

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

311 Eichelberger

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Alfred

B.

Hall

4. DATE
OF
DEATH

Month

Day

Year

Oct.

6

1963

5. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
11/15/049. AGE (last birthday)
58IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Stock Room10b. KIND OF BUSINESS OR INDUSTRY
Royal Bond11. BIRTHPLACE (City and state or country)
St. Louis Mo.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Dr. W. P. Hall

13b. MOTHER'S MAIDEN NAME

Susie Belt

14. NAME OF HUSBAND OR WIFE

Nadine Hall15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates)**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Nadine Hall 311 Eichelberger18. CAUSE OF DEATH (Enter only one cause
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Generalized CarcinomatosisINTERVAL BETWEEN
ONSET AND DEATH**3 months**Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Carcinoma of Rectum**18 months**

DUE TO (c)

154xPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **May 1962** to **Oct 6, 1963** and last saw him alive on **Oct 5, 1963**
Death occurred at **1:30 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Morris Herman M.D.

22b. ADDRESS

3701 Grand St.

22c. DATE SIGNED

10/8/6323a. BURIAL, CREMATION,
REMOVAL (Specify)**Removal**

23b. DATE

10/9/63

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Louis County Mo.

24. FUNERAL DIRECTOR

ADDRESS

Moydell Funeral Home 1926 Allen

25. DATE RECD. BY LOCAL REG.

OCT 8 1963

26. REGISTRAR'S SIGNATURE

Loal Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

2

ITEM NO.

VS 300
Rev. 4/59

1

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter F. Jeller Jr
Licensed Embalmer No. 4950

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.